

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-47
17-39
3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36182

State File No.

FILED DEC 6 1948

Registration District No. 122

Primary Registration District No. 2000

Registrar's No. 1048

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1333 Summit Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna M. Latimer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Augusta W. Latimer

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased October 18, 1858
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Dallas County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business House Wife

12. Name Washington Jones

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Campbell

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. V. Fitch

(b) Address Tulsa Okla.

17. (a) Burial (b) Date thereof 12-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 12-2-48 (b) N. T. Handley M.D.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1333 N. Summit Ave.,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 th
year 1948 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from 11-1, 1948, to 11-29, 1948.
that I last saw him alive on 11-29, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Vascular Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 310

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) Means of injury MD.

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 12-1-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.